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Bib Data Sheet

CONFIRMATION NO. 8147

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|-----------------------------|---------------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>09/993,045 | FILING DATE<br>11/13/2001<br><br>RULE | CLASS<br>424 | GROUP ART UNIT<br>1633 | ATTORNEY<br>DOCKET NO.<br>286002021300 |
|-----------------------------|---------------------------------------|--------------|------------------------|--|

## APPLICANTS

Timothy R. Brazelton, Cupertino, CA;

Helen M. Blau, Menlo Park, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/247,128 11/10/2000

DJ 2/28/06

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## \*\* SMALL ENTITY \*\*

|  |                           |                        |                       |                            |
|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>0 | TOTAL<br>CLAIMS<br>34 | INDEPENDENT<br>CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | Verified and Acknowledged | Examiner's Signature   | Initials              |                            |

## ADDRESS

28120  
 FISH & NEAVE IP GROUP  
 ROPES & GRAY LLP  
 ONE INTERNATIONAL PLACE  
 BOSTON, MA  
 02110-2624

## TITLE

Methods for treating disorders of neuronal deficiency with bone marrow-derived cells

|                 |  |  |
|-----------------|--|--|
| FILING FEE      | FEES: Authority has been given in Paper    | <input type="checkbox"/> All Fees                              |
| RECEIVED<br>561 | No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                 | No. _____ for following:                   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                 |  | <input type="checkbox"/> 1.18 Fees ( Issue )                   |